

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Russell Jolly  
 Address 369 Hwy 47, Houston County Chickasaw  
 Telephone 662-542-6701 Fax \_\_\_\_\_  
 Office Sought Senate, District 8 Email Address rjolly@senate.ms.gov

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory  
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

\_\_\_\_ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,358.00 + \$ 0	\$ 2,258.80	\$ 2,250.80
Total amount of disbursements	\$ 350.00 + \$ 856.30	\$ 1,206.30	\$ 1,266.30
Total amount of cash on hand		\$ 26,841.38	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee

Russell Jolly

Reporting period

Jan 1, 2016

through

Dec 31, 2016

## ITEMIZED DISBURSEMENTS

## A. Full name

Lee Co. 4th District Community Projects

## Mailing Address

292 CR 154

## City, State, Zip Code

Shannon MS 38868

## Purpose of Disbursement (Optional)

donation to community projectDate  
(Mo., Day, Year)4/22/16Amount of each  
disbursement this period\$ 350.00

## B. Full name

## Mailing Address

## City, State, Zip Code

## Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)  /  /  Amount of each  
disbursement this period

\$

  /  /  

\$

Aggregate  
Year-to-date

\$

## C. Full name

## Mailing Address

## City, State, Zip Code

## Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)  /  /  Amount of each  
disbursement this period

\$

  /  /  

\$

Aggregate  
Year-to-date

\$

## D. Full name

## Mailing Address

## City, State, Zip Code

## Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)  /  /  Amount of each  
disbursement this period

\$

  /  /  

\$

Aggregate  
Year-to-date

\$

## E. Full name

## Mailing Address

## City, State, Zip Code

## Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)  /  /  Amount of each  
disbursement this period

\$

  /  /  

\$

Aggregate  
Year-to-date

\$

## F. Full name

## Mailing Address

## City, State, Zip Code

## Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)  /  /  Amount of each  
disbursement this period

\$

  /  /  

\$

Aggregate  
Year-to-date

\$

Name of Candidate or Committee Russell JollyReporting period Jan 1, 2016 through Dec

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>BNSF Railway</u>		<u>7</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Dr AOB-3 (P.O. Box 961039</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Fort Worth, Texas 76161-0039</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Power Co. State PAC</u>		<u>9</u> / <u>2</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address <u>2992 W Beach Blvd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Electric Power Assn of MS State PAC</u>		<u>12</u> / <u>17</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Monsanto</u>		<u>8</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>800 N Lindbergh</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>St Louis, MO 63167</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Russell JollyReporting period Jan 1, 2016 through Dec 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ENPAC Mississippi</u>		<u>11</u> / <u>10</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ATT MS PAC</u>		<u>10</u> / <u>10</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address <u>111 E Capital St, Suite 6030</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Baker Donelson</u>		<u>12</u> / <u>11</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>One Eastover Center - 100 Vision Dr, Suite 400</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>